



Host Family Application

If you have any questions relating to this form, please refer them to International Student Coordinator. You will need to provide a personal reference (page 5) that should be turned in directly by your reference in a sealed envelope. Your application does not necessarily mean that an international student will be placed in your home. Likewise, it does not commit you to accept a student until you have received further information.

1. Parents

Home Address _____

City _____ State _____ Zip _____

Home phone _____

Father _____ Mother _____

Cell _____ Cell _____

E-mail _____ E-mail _____

Occupation _____ Occupation _____

Business phone _____ Business phone _____

Referred by _____ Relationship with family _____

Religious affiliation, if any _____ Participation: Active Inactive Seeking

Do you have regular homeowner's insurance (fire, theft, etc.) on your home? Yes No

We acknowledge that there are costs related to hosting a student, and we are comfortable incurring such costs understanding that we will receive a monthly stipend of \$500 for 10 months. Yes No

2. Children in family

First Name	Age	M/F	School Grade Level	Employed Yes/No	At Home Yes/No

3. Additional residents in the home:

First Name	Age	M/F	School Grade Level	Employed Yes/No	At Home Yes/No

4. Family members who have chronic illnesses, disabilities, or disorders:

Name _____ Description of condition _____

Name _____ Description of condition _____

Name _____ Description of condition _____

5. Pets

We have the following pets in our home: _____

6. School

If an international student is placed in our family, he/she will get to and from school by:

School Bus Family transportation Walk/bike Other (please explain) _____

Approximate distance to school _____

7. Student preferences

We would prefer a: male student female student no preference.

We would prefer a student in grade: 9 10 11 12 no preference.

Please provide other information that you think would be helpful in selecting a student for your family. Include activities your family enjoys.

8. Background check authorization, release, and acknowledgement

The safety and security of students is extremely important to the ACS and to the host school. Therefore, it is our policy to run a background check on all host families, volunteers, and employees who will be involved in this program. This practice is endorsed by the U.S. Department of State and is required by the Council on Standards for International Educational Travel (CSIET).

Please provide the following information for each individual residing in your household who is 18 years or older. Please print. Copy and use additional pages for more individuals. Use each person's **full legal name**.

Name _____

First

Middle

Last

Social Security number _____ Date of birth _____

MONTH/DAY/YEAR

Driver's license number _____ State of Issue _____

Name _____

First

Middle

Last

Social Security number _____ Date of birth _____

MONTH/DAY/YEAR

Driver's license number _____ State of Issue _____

Name _____

First

Middle

Last

Social Security number _____ Date of birth _____

MONTH/DAY/YEAR

Driver's license number _____ State of Issue _____

Name _____

First

Middle

Last

Social Security number _____ Date of birth _____

MONTH/DAY/YEAR

Driver's license number _____ State of Issue _____

Whereas my/our family is considering participation in the ACS program by serving as a host family, on behalf of the undersigned, I/we agree as follows:

1. I/we acknowledge and affirm that neither the host parents, children, or anyone else living in our household has been:
 - convicted of a criminal offense or charged with a sexual offense, crime of violence, or offense relating to children;
 - reported to a social service agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children;
 - dismissed from employment following an allegation of sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct; or
 - the subject of an investigation, allegation of sexual misconduct, sexual harassment, or other immoral behavior or conduct involving adults or children.

2. I/we do hereby authorize the Aurora Christian School (ACS), as it deems necessary, to conduct a background check regarding me/us and any of my/our minor children living in our household for the purposes of determining eligibility to be a host family and meeting the background check requirement. I/we understand that this background check may include contacting previous employers, educational institutions, churches, and other organizations with which I/we or such children, if any, may have been involved, as well as a check of records of criminal arrests and convictions, abuse, and neglect registry records, and civil judgments involving sexual assault, child abuse, child molestation, sexual harassment, incidents of violence, and other unlawful conduct. I/we understand that this information will be kept confidential and I/we will assist ACS with conducting a background check in the event it requests my/our assistance.

3. I/we release ACS and its directors, officers, employees, agents, and representatives of and from any damage or liability to me/us or my/our children resulting from or arising out of such background checks.

4. I/we acknowledge that all information presented in this application is true to the best of my/our knowledge.

My/our signature(s) indicate(s) my/our agreement with all statements above.
All adults 18 years of age and older living in the household must sign.

Name (please print) _____ Signature _____ Date _____

Name (please print) _____ Signature _____ Date _____

Name (please print) _____ Signature _____ Date _____

Name (please print) _____ Signature _____ Date _____

9. Personal recommendation

Host Family Applicant(s) _____

The above named family has offered to host an international student in their home for a school year. Please help us find the best placement for our students by responding to the questions below with complete honesty. Your frankness is greatly appreciated, and we will treat your reply confidentially. Please return this form directly to the person and address provided below. Thank you!

How long, how intimately, and under what circumstances have you known this family?

Please comment on why you think this family should or should not serve as a host family.

Do you have any additional comments about this family?

Name (please print) _____

Signature _____ Date _____

Address: _____

Street

City

State

Zip

Phone (preferred #) _____ E-mail _____

Please return this form in a sealed envelope to the International Student Coordinator at the following name and address:

Aurora Christian Schools
ATTN: Naomi Etchison
2255 Sullivan Road
Aurora, IL 60506